

United States Patent and Trademark Office
- Sales Receipt -

01/25/2006-RSMITH 00000005 230925 09517127

01 FC:1202 500.00-DA

Adjustment date: 02/27/2006 ESKURAY1
01/25/2006 RSMITH 00000005 230925 09517127
01 FC:1202 500.00 CR

Practitioner's Docket No. MI22-1246

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Scott E. Moore et al.

Application No.: 09/517,127

Group No.: 3723

Filed: 03/02/2000

Examiner: T. Eley

For: Semiconductor Processor Systems, A System Configured to Provide a
Semiconductor Workpiece Process Fluid (As Amended)**ATTENTION: Refund Section,
Accounting Division, Office of Finance
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450****REQUEST FOR REFUND
(37 C.F.R. 1.28(a))****I. REFUND REQUEST**

This request for refund is made for a charge to deposit account 23-0925 in the amount of \$500.00 on January 25, 2006. This charge was made in connection with the filing of a response to the September 8, 2005 Office Action. All required fees were paid with the filing of the response. No additional fees are required. We are requesting a refund in the amount of \$500.00.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents Washington, D.C. 20231.

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Date: 2/3/06

Signature

Natalie King

(type or print name of person certifying)

S:\MI22\1246\RR3.wpd

(Request for Refund—page 1 of 2)

II. FEES PAID FOR WHICH AMOUNT OF REFUND REQUESTED

On January 9, 2006 we filed a response to the September 8, 2005 Office Action. We paid \$100.00 for adding two new dependent claims in the amount of \$100.00 via request for charge to deposit account 23-0925 (see the enclosed copy of the Fee Transmittal filed 1/9/2005). These fees were charged to our deposit account on January 10, 2006 (see enclosed copy of January Deposit Account Statement). We also filed a Supplemental Information Disclosure Statement and Request for Extension of Time (1 month) the respective fees of \$180.00 for the Supplemental Information Disclosure Statement and \$120.00 for the Request for Extension of Time were paid via request for charge to deposit account 23-0925 (see the enclosed copy of the Fee Transmittal filed 1/9/2005). These fees were charged to our deposit account on January 10, 2006 (see enclosed copy of January Deposit Account Statement). All required fees were paid thus no additional fees are required and we are requesting a refund for the ~~\$500.00~~ charged to our deposit account 23-0925 on January 25, 2006 (see enclosed copy of January Deposit Account Statement).

III. FEES FOR WHICH AMOUNT OF REFUND REQUESTED

Total Refund Requested \$500.00

Please make refund by crediting Account No. 23-0925.

Date: 2/3/06



James D. Shaurette
Registration No. 39,833
Wells St John P.S.
601 W. First Ave., #1300
Spokane, WA 99201
509-624-4276
Customer No. 021567

RECEIVED
CENTRAL FAX CENTER

001/007

FEB 03 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 09/517,127
Filing Date March 2, 2000
Inventor Scott E. Moore et al.
Assignee Micron Technology, Inc.
Group Art Unit 3723
Examiner T. Eley
Attorney's Docket No. MI22-1246
Title: Semiconductor Processor Systems, A System Configured to Provide a
Semiconductor Workpiece Process Fluid

ATTENTION: Refund Section,
Accounting Division, Office of Finance
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the following papers are being facsimile transmitted to
the Patent and Trademark Office at (571) 273-8300 on the date shown below:

1. Transmittal Form (PTO/SB/21)
2. Request for Refund
3. Copy of Fee Transmittal filed with Response on January 9, 2006.
4. Copy of January Deposit Account Statement for deposit account no.
23-0925.

Dated: 2/3/06By: 

Natalie King
Telephone No. (509) 624-4276
Facsimile No. (509) 838-3424

NUMBER OF PAGES IN FACSIMILE: 7

s:\M22\1246\FX15.wpd A270201211106N

1

PTO/SB/21 (03-03)


Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/517,127
	Filing Date	March 2, 2000
	First Named Inventor	Scott E. Moore et al
	Art Unit	3724
	Examiner Name	T. Eley
Total Number of Pages in This Submission	Attorney Docket Number	MI22-1248

**RECEIVED
CENTRAL FAX CENTER
FEB 03 2006**

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Copies of Fee Transmittal Filed 1/9/06 and January Deposit Account Statement
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	James D. Shauroffe, Reg. No. 39,833 Wells St. John, P.S.
Signature	
Date	2/3/06

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____	
Typed or printed	Natalie King
Signature	
Date	2/3/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Deposit Account Statement

Page 1 of 2



**United States
Patent and
Trademark Office**

**Deposit Account Statement**

Requested Statement Month: January 2006
Deposit Account Number: 230925
Name: WELLS ST JOHN PS
Attention: RHONDA RAMBO
Address: 601 WEST FIRST AVENUE SUITE 1300
City: SPOKANE
State: WA
Zip: 99201-3817
Country: UNITED STATES OF AMERICA

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
01/04	2	PAYMENT		9203	-\$6,000.00	\$15,439.00
01/04	51	09521092 MI22-1370	1484		\$130.00	\$15,309.00
01/04	52	09521092 MI22-1370	1801		\$790.00	\$14,519.00
01/04	110	11221367		2251	\$60.00	\$14,459.00
01/05	10	10014310 32120-DIV	1806		\$180.00	\$14,279.00
01/05	788	1946873 RA24-102	7205		\$100.00	\$14,179.00
01/05	789	1946873 RA24-102	7201		\$400.00	\$13,779.00
01/06	33	10140608 MI22-2019	1814		\$130.00	\$13,649.00
01/06	130	11080063 PR37-006	1814		-\$130.00	\$13,779.00
01/06	755	78785934 PO4-1263	7001		\$325.00	\$13,454.00
01/06	787	78184781 PO4-1185	7004		\$150.00	\$13,304.00
01/06	834	78186708 PO4-1186	7004		\$150.00	\$13,154.00
01/06	1740	78186877 PO4-1188	7004		\$150.00	\$13,004.00
01/06	1854	78280879 PO4-1215	7004		\$150.00	\$12,854.00
01/09	1	11285424 MI22-3043	1081		-\$500.00	\$13,354.00
01/09	2	6857183		1811	-\$100.00	\$13,454.00
01/09	2	11285424 MI22-3043	1081		\$250.00	\$13,204.00
01/09	12	6866900		1811	-\$100.00	\$13,304.00
01/09	48	78524522 SN6-101	7003		\$100.00	\$13,204.00
01/09	58	78280884 PO4-1216	7004		\$150.00	\$13,054.00
01/09	79	78290323 PO4-1221	7004		\$150.00	\$12,904.00
01/09	114	78786506 ZA1-175	7001		\$325.00	\$12,579.00
01/09	194	78216926 LI13-117	7004		\$300.00	\$12,279.00
01/10	250	09517127 MI22-1246	1251		\$120.00	\$12,159.00
01/10	251	09517127 MI22-1246	1202		\$100.00	\$12,059.00
01/10	252	09517127 MI22-1246	1806		\$180.00	\$11,879.00
01/11	152	10624716 MI22-2357	1806		\$180.00	\$11,699.00
01/12	632	78789844 FA13-117	7001		\$975.00	\$10,724.00
01/13	1	10778425 GA1-002	2252		\$215.00	\$10,509.00
01/13	26	11068653 MI22-2803	1251		\$120.00	\$10,389.00

Deposit Account Statement

Page 2 of 2

01/13 27	11068653	MI22-2803	1806	\$180.00	\$10,209.00
01/17 261	5850679	HO40-001M	2552	\$1,150.00	\$9,059.00
01/18 1	10676169	M122-2373	1806	\$180.00	\$8,879.00
01/18 3	10676169	M122-2373	1806	\$180.00	\$8,699.00
01/18 29	PAYMENT		9203	-\$6,000.00	\$14,699.00
01/19 36	11168697	MI22-2911	1814	\$130.00	\$14,569.00
01/19 48	10364271	MI22-2164	1814	\$130.00	\$14,439.00
01/20 3	10966388	LO29-014	1251	\$120.00	\$14,319.00
01/20 35	11333975		9204	-\$940.00	\$15,259.00
01/23 728	2301694	DO15-101	7205	\$100.00	\$15,159.00
01/23 729	2301694	DO15-101	7208	\$200.00	\$14,959.00
01/23 730	2301694	DO15-101	7206	\$100.00	\$14,859.00
01/23 1994	1951261	NO15-101	7205	\$100.00	\$14,759.00
01/23 1995	1951261	NO15-101	7201	\$400.00	\$14,359.00
01/25 7	09517127	MI22-1246	1202	\$500.00	\$13,859.00
01/25 24	6497549	TH2-042M	2551	\$450.00	\$13,409.00
01/25 27	6497559	PY5-001M	1551	\$900.00	\$12,509.00
01/25 87	10915931	MI22-2650	1251	\$120.00	\$12,389.00
01/27 10	10630114	MI22-2346	1811	\$100.00	\$12,289.00
01/27 1878	2312931	CH44-102	7205	\$100.00	\$12,189.00
01/27 1879	2312931	CH44-102	7208	\$200.00	\$11,989.00
01/30 1001	78801625	GS1-105	7001	\$325.00	\$11,664.00
01/31 1	10778425	GA1-002	2252	\$15.00	\$11,649.00
01/31 128	09844175	MI22-1703	1202	\$100.00	\$11,549.00
01/31 129	09844175	MI22-1703	1201	\$600.00	\$10,949.00
01/31 130	09844175	MI22-1703	1806	\$180.00	\$10,769.00
01/31 131	09844175	MI22-1703	1814	\$130.00	\$10,639.00
01/31 132	09844175	MI22-1703	1251	\$120.00	\$10,519.00

START	SUM OF	SUM OF	END
BALANCE	CHARGES	REPLENISH	BALANCE
\$9,439.00	\$12,690.00	\$13,770.00	\$10,519.00

[Need Help?](#) | [USPTO Home Page](#) | [Finance Online Shopping Page](#)

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). FEE TRANSMITTAL For FY 2005		Complets if Known Application Number 09/517,127 Filing Date March 2, 2000 First Named Inventor Scott E Moore et al. Examiner Name T. Eley Art Unit 3724 Attorney Docket No. M122-1246	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER FEB 03 2006	
TOTAL AMOUNT OF PAYMENT	(\$)	400.00	

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 23-0926 Deposit Account Name: Wells St. John, P.S.
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Fee (\$)	Fee Paid (\$)
95 - 20 or HP = 2 x 50.00 = \$100.00		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = x =		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge): Supplemental IDS; Request for Extension (1 mo.)	\$300.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	39,833	Telephone	509-624-4276
Name (Print/Type)	James D. Shaurette	Date	1/9/06		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.